



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8706

SERIAL NUMBER 10/620,221	FILING OR 371(c) DATE 07/15/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 22064-71990
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS
 Gary A. Koppel, Indianapolis, IN; *[Signature]*

**** CONTINUING DATA *******
 This application is a CON of 09/640,363 08/16/2000 PAT 6,627,625 which claims benefit of 60/149,115 08/16/1999
 and claims benefit of 60/172,452 12/17/1999
 and claims benefit of 60/176,570 01/18/2000
 and claims benefit of 60/194,534 04/04/2000 *[Signature]*

**** FOREIGN APPLICATIONS *******
 NONE. *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/14/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY IN	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 7
--	--	-------------------------------	-----------------------------	---------------------------	--------------------------------

ADDRESS
23643

TITLE
Neurotherapeutic clavulanate composition and method

FILING FEE RECEIVED 543	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---